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Complete and send to	his form, together wit	th applicable f	ee(s), to: <u>M</u>		Mail Stop ISSUE Commissioner fo P.O. Box 1450	E FEE or Patents	9	
( IAN 182	2005				Alexandria, Virg	inia 22313-1450	4	
1 JAN	ଞ		or <u>F</u>		(703) 746-4000	••		
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Steven Weseman	ı				Cer	tificate of Mailing or Trans	smission	
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1/19/2005 YPOLITE2 00000114 031677 10076053					Joan C. Ram		(Depositor's na	-
on FC:1501 1400.		ı	Joan C.	Ramm	(Signat	-		
	00 DA				January 13		(D	-
APPLICATION NO.	FILING DATE		FIRST NAMED	INVENT	OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	-
10/076,053 02/14/2002			Reddy V		-	WC0010-A	8670	-
FITLE OF INVENTION: REDUCED LENGTH METALLIZED CERAM						W C0010-11	0070	
THE OF MALATION, IC	COCCED LENGTH META	ELIELD CLIVIII	IC DOI LLALI	IX.				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE	-
nonprovisional	NO	\$1370			\$300	\$1670	01/26/2005	_
EXAMINER ART		ART UN	UNIT		ASS-SUBCLASS			
GLENN, KIMBERLY E		2817	7 333-134000		333-134000			
Change of correspondence address or indication of "Fee Address" (37 LFR 1.363).				ing on th	ne patent front page, lis			-
_ ′	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,							
Change of correspondence address (or Change of Correspondence. Address form PTO/SB/122) attached.			(2) the hame of a single time (having as a member a					
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3					
Number is required.	listed, no na			<u> </u>				
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed								
recordation as set forth in	37 CFR 3.11. Completion	of this form is NO	uata will appea Γ a substitute fo	ar on th or filing	e patent. If an assign an assignment.	ee is identified below, the d	locument has been filed	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
CTS Corporation Elkhart, Indiana								
Please check the appropriate	assignee category or category	ries (will not be pri	inted on the pat	tent) :	☐ Individual 🚨 Co	orporation or other private gr	oup entity Governm	
a. The following fee(s) are	enclosed:	4b	p. Payment of Fee(s):					-
☑ Issue Fee			A check in the amount of the fee(s) is enclosed.					
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # of	The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number03-1677 (enclose an extra copy of this form).							
. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).								•
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Authorized Signature	Xame T.	Veneuflau	Ng		Date	12/17/04	·	
Typed or printed name	Daniel J. Dene	ıfbourg	<u>(</u>	on de la Opposit	Registration	No. 33,675	<del></del>	
his collection of information application. Confidentiali	n is required by 37 CFR 1.3	11. The information	n is required to	obtain e	or retain a benefit by the	he public which is to file (and	d by the USPTO to proc	-

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